U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only			
READ THE INSTRUCTIONS CAREFUL	LY BEFORE PREPARING THIS REPORT.		
E S DO!			
(AUG2220K)			
1. File Number U - 12 / Propries Deport	2. Fiscal Year Covered From:		
12199	1 / 1 / 2004 Through: 12 / 31 / 2004		
3. Name and address of person filing.	4. Name, file number, and address of labor organization.		
Name Donald M Fehr	Name Major League Baseball Players Association		
	Labor Organization File Number 064-727		
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any		
Street c/o MLBPA, 12 E. 49th St., 24th Fl.	Street 12 East 49th Street-24th Floor		
City New York	City New York		
State New York ZIP Code + 4 10017	State New York ZIP Code + 4 10017		
5. Position in labor organization. Executive Director			
	3.27 m - s		
Enter appropriate data below if, during the past fiscal year, you or your spo (except as specified in the exclusion). A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization.	derived income or other economic benefit of		
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.		
Name Major League Baseball	See attached sheet.		
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
To the company to the company of the	7.b. Amount.		
Street 245 Park Avenue			
City New York			
State New York ZIP Code + 4 10017			
Signature			
15. Signature and Verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompan undersigned's knowledge and belief, true, correct, and complete. (See the se	iving documents), has been examined by the signatory and is, to the pest of the		

Ser. 54

Name of Person Filing Donald Fehr	File Num			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any).	9. Business deals with:			
Name George Bodenheimer	a. Labor Organization			
Trade Name, if any: ESPN	b. Trust			
P.O. Box, Bldg., Room No., if any	X c. Employer			
Street ESPN Plaza				
City Bristol				
State Connecticut ZIP Code + 4 06010				
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.			
Name Major League Baseball	See attached sheet.	and a contract of the contract		
Trade Name, if any:		A CONTRACTOR OF THE CONTRACTOR		
A desire the second desired to the second desired to the second of the s	· · · · · · · · · · · · · · · · · · ·			
P.O. Box, Bldg., Room No., if any	An anima makan ina irragilam sana dimaki sali dah dagai makamatan pimah anasa may ant mamay ari mirak sa isa sa dah dagai makama sa dagai			
Street 245 Park Avenue	11.b. Approximate dollar value of such			
City New York	12.a. Nature of interest held or income received. See attached sheet.			
State New York ZIP Code + 4 10167				
		4 !		
	12.b. Amount.			
C. Received from any employer (other than an employer covered unde				
C. Received from any employer (other than an employer covered undo or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.			
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	r parts A and B above)			
or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant	r parts A and B above) or other thing of value.			
or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	r parts A and B above) or other thing of value.			
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Name of Person Filing Donald Fehr	File Number U-			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any).	9. Business deals with:			
Name Sports Illustrated	a. Labor Organization b. Trust			
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any	c. Employer			
Street 1271 Avenue of the Americas	Carlo de Campioyo			
City New York				
State New York ZIP Code + 4 10020				
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.			
Name	See attached sheet.	a. Popular in the control of the con		
Trade Name, if any:		The state of the s		
P.O. Box, Bldg., Room No., if any		enterent of the		
Street	11.b. Approximate dollar value of such dealing.			
City	12.a. Nature of interest held or income received.			
State ZIP Code + 4	See attached sheet.			
State ZIP Code + 4				
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		To be a second of the second o		
	12.b. Amount.	And the state of t		
	12.0. Attourt.			
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.			
Name		. II. (Vindo)		
American control of the control of t				
Trade Name, if any:		on some vina		
P.O. Box, Bldg., Room No., if any	A real matter of many code.	resolvene dibine		
Street		Commission of the Commission o		
City State ZIP Code + 4		understanding Mariner		
211 3000 - 7				
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.			